

[Date]

[Recipient Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Action Required: Your Health Insurance Open Enrollment Period

Dear [Recipient Name],

The Open Enrollment period for [Year] Individual and Family health insurance plans is now officially open. This is your annual opportunity to sign up for a new plan, renew your current coverage, or make changes to your existing policy.

Important Dates:

- **Open Enrollment Starts:** [Start Date]
- **Open Enrollment Ends:** [End Date]
- **Coverage Effective Date:** [Effective Date]

What you need to do:

1. **Review your current plan:** Check your premiums, deductibles, and network of doctors to ensure they still meet your needs.
2. **Update your information:** Report any changes to your household income or size, as this may affect your eligibility for financial assistance.
3. **Compare options:** Look at new plans available in your area that may offer better coverage or lower costs for the upcoming year.

If you do not take action by [End Date], you may be automatically re-enrolled in your current plan or a similar alternative. However, we highly recommend reviewing your options to ensure you have the best fit for your family.

To view your options and enroll, please visit our website at [Website URL] or contact our support team at [Phone Number].

Sincerely,

[Sender Name/Organization Name]

[Contact Information]